

Atty. Dkt. No.: 32892.23  
USSN: Unassigned  
Inventor: Eugenio A. Cefali

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

EUGENIO A. CEFALI

Entitled: Intermediate Release Nicotinic Acid Compositions for Treating Hyperlipidemia  
Having Unique Cmax, Tmax and AUC Biopharmaceutical Characteristics

To the Assistant Commissioner  
for Patents  
Box Patent Application  
Washington, D.C. 20231

CERTIFICATE OF MAILING BY EXPRESS MAIL

"EXPRESS MAIL" Mailing Label No. EH364910166US  
Date of Deposit: October 31, 1997  
I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express  
Mail Post Office to Addressee" service under  
37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for  
Patents, Box Patent Application, Washington, D.C. 20231

Type or Print Name A. M. (Andy) Anisimendi, Jr.

Signature

Dear Sir:

REQUEST FOR FILING A NATIONAL PATENT APPLICATION

Transmitted herewith for filing, please find the following:

- ☒ i. Specification, claims and abstract of the above-referenced patent application having 53 pages.
- ☒ ii. Drawings (\_\_\_ formal / 5 informal) comprising Figures 1-5.
- ☒ iii. Combined Declaration and Power of Attorneys  
(\_\_\_ signed ☒ unsigned).
- ☒ 3A. No executed Oath, or Declaration, nor is any fee enclosed pursuant to 37 C.F.R. 1.53(d).
- \_\_\_ iv. Information Disclosure Statement along with Form PTO-1449 and references.

X    

*(One box must be marked)*

- vii. Priority is claimed under 35 U.S.C. § 119 based on filing in (country).

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

X ix. Attached:

- 2

Atty. Dkt. No.: 32892.23  
USSN: Unassigned  
Inventor: Eugenio A. Cefali

Prior to a first Office Action, kindly amend the Application as follows:

- xi. The following Filing Fee calculation is based on the claims filed less any claims canceled by the Preliminary Amendment of Item 10.

				SMALL ENTITY RATE		OR		LARGE ENTITY RATE			
BASIC FEE				\$ 395.00				\$		=	+\$ 395.00
	NUMBER FILED			NUMBER EXTRA							
TOTAL CLAIMS	28	-20	=	8 (at least 0)	x 11		OR	x 22		=	+\$ 88.00
INDEP. CLAIMS	8	-3	=	5 (at least 0)	x 40		OR	x 80		=	+\$ 200.00
If any proper multiple dependent claim (ignore improper) is present (Enter \$0.00 if this is a <u>reissue</u> application.)					+\$130		OR	+\$260		=	+\$
If assignment is x'd (item 6), add recording fee \$40.00											+\$
Attached is a Rule 47 Petition (inventor refuses to sign or cannot be reached) \$130											+\$
TOTAL FILING FEE											=\$ 683.00

- xii. A check in the amount of \$\_\_\_\_\_ to cover the Filing Fee calculated in Item 11 is attached. Please charge any deficiency or credit any overpayment to Deposit Account No. 10-0447/32892.18.
- xiii. Please charge my Deposit Account No. 10-0447 in the amount of \$\_\_\_\_\_ to cover the Filing Fee calculated in Item 11. This sheet is attached in duplicate.
- xiv. The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and may be required under 37 CFR 1.16-1.18 (missing or insufficiencies only) now or hereafter relative to this application and for the resulting Official Document under 37 CFR 1.20,

Atty. Dkt. No.: 32892.23  
USSN: Unassigned  
Inventor: Eugenio A. Cefali

and to have and cause any necessary petition for extension of time to be filed and any fees necessary to be paid for said extension of time OR credit any overpayment to our Deposit Account No. 10-0447, for which purpose a duplicate copy of this sheet is attached. The Commissioner is not authorized to charge the issue fee until/unless an issue fee transmittal form is filed.

Respectfully submitted,

JENKENS & GILCHRIST, P.C.

By: Peter J. Mahso  
Peter J. Mahso  
Reg. No. 32,264

By: [Signature]  
REC. NO. 31,715

Jenkins & Gilchrist, P.C.  
1445 Ross Avenue  
Suite 3200  
Dallas, Texas 75202  
(713) 951-3375  
(713) 951-3314 (fax)